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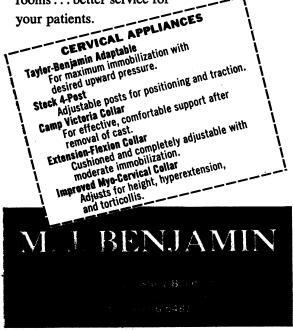
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Weight-Reducing Agent Termed Ineffective

A widely used appetite suppressent has been found to be ineffective in helping obese persons, a group of eastern scientists recently reported.

The suppressent — phenylpropanolamine — is a common ingredient of weight-reducing drugs which are offered to the public without prescriptions. It has been estimated that about 100 million dollars is spent annually for such drugs, the scientists said.

Their report appears in the June 27 issue of the Journal of the American Medical Association.

Headed by Dr. Joseph F. Fazekas, Washington, D. C., the group undertook the study to determine the merits of the non-prescription drug as compared with dextro amphetamine, a prescription drug with known appetite suppressing qualities.

The authors said that any effective weight-reducing program must be administered by a physician who understands the psychological factors which are encountered by persons undergoing treatment.

To control these psychological factors, the scientists selected 80 obese mentally deficient subjects for their study. The subjects were physically normal and had been residents of the institution for a number of years. Their body weight had been recorded monthly since admission.

The authors explained that the subjects had never been under any dietary restriction and their daily food intake consisted of a well balanced diet known to contain about 3,000 calories which was well above their energy requirements.

The 80 subjects were divided into four nearly equal groups and the blind procedure was employed where neither the recipient nor the administrator knew what agent was being given.

The subjects were given one of the drugs under investigation three times a day, one hour before meals, for a period of six weeks. To make certain of their ingestion by the subjects, the drugs were given by cottage supervisors.

According to the authors, "Phenylpropanolamine, when administered in recommended doses, and even in twice the supposedly therapeutic doses, failed to effect a statistically significant reduction in weight.

"The administration of dextro amphetamine . . . was associated with a statistically significant reduction of weight. The weight loss apparently results primarily from a reduction of food intake due to a diminution of appetite."

They continued, "The results of the present investigation lend support to the concept that phenylpropanolamine does not exert a marked central nervous effect, at least insofar as appetite reduction is concerned."

The scientists concluded that in view of the many psychological and physiological factors involved, as well as the recognized increased incidence of certain diseases in the obese population, weight reduction should be supervised by physicians, particularly when drugs are used.

Test Outlined to Discover Metabolism Deficiency

A new method has been found to detect during infancy a metabolism deficiency which is known to be a contributing factor in certain mental illnesses, a Boston physician recently revealed.

According to Dr. Gerhard Nellhaus, the new procedure involves the use of a tiny paper strip to test urine samples of infants during the first months of life. Such tests will indicate the presence of a metabolism deficiency known as phenylketonuria.

The defect is a hereditary deficiency of an essential amino acid—the chemical which builds protein and is vital to life. If not discovered and corrected through diet, the deficiency could lead to mental illness, the physician warned.

In his report, which appears in the June 27 issue of the Journal of the American Medical Association, Dr. Nellhaus said that with the institution of proper diet the convulsive, behavioral, and intellectual disburbances of the disorder will be improved.

The new test is done with material consisting of a stiff strip of cellulose impregnated with various chemicals. The physician said that the strip is dipped into the urine sample or saturated by pressing against a wet sheet or diaper, Color reaction occurs within a few seconds and a final reading can be made in 30 seconds.

In the past, Dr. Nellhaus said, testing was done by using a ferric chloride solution. The new method is more convenient as well as practical since the color reaction is more positive and will not fade as rapidly as will the solution. He also noted that the strip method is beneficial in testing infants who are receiving drugs used in the treatment of rheumatic fever or rheumatoid arthritis.

Dr. Nellhaus is chief resident, children's medical service, Massachusetts General Hospital.

List of Courses Available for Graduate Nurses

The California League for Nursing, Committee on Careers in Nursing, has compiled a list of current courses, Workshops and Institutes for Graduate Nurses.

The list gives dates, location, fees, where to apply, etc. for courses throughout the state of California. To get a copy send your request, with a stamped return envelope to: California League for Nursing, Inc., Committee on Careers in Nursing, 465 Post Street, San Francisco 2, California.

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Divergent Views Held on Care of the Aging

House Ways and Means Committee has not yet scheduled hearings on the controversial Forand bill, partly because it is still awaiting a report (which was due June 11) on this proposed legislation from Secretary of HEW Arthur S. Flemming. Indirectly, however, the bill was exposed to a limited hearing last week when a Senate subcommittee took expert testimony on welfare of the aging—their health care requirements, and how to finance them, in particular.

Only two out of five persons over 65 have voluntary health insurance, the McNamara committee was told by Nelson H. Cruikshank, of AFL-CIO social security department. The medical care and hospitalization benefits which Forand bill would provide make it the solution of choice, he said.

J. F. Follmann, Jr., Health Insurance Association, countered that voluntary coverage is available to all senior citizens who desire it and he predicted that it will be held by 65 per cent of those needing and wanting it before the end of 1960.

Prof. Wilbur J. Cohen, University of Michigan, was leadoff witness and he presented a panoramic statistical picture of the aged and their health and welfare requirements. Other witnesses included Dr. Frederick S. Swartz, chairman of A.M.A. Committee on Aging; Dr. Maurice E. Linden, Philadelphia psychiatrist, and numerous others.—Washington News.



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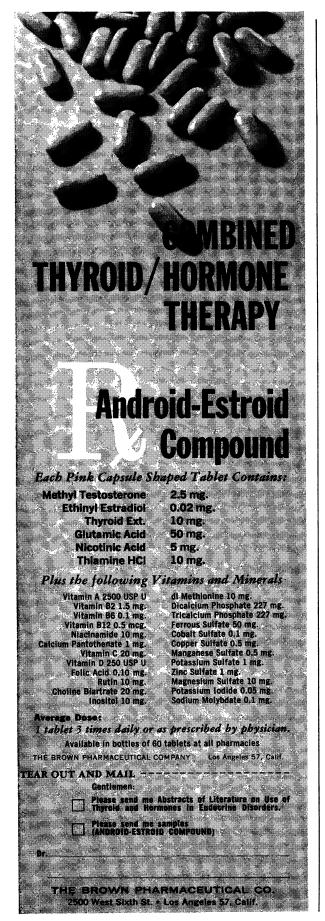
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Medical Legislative News

Keogh-Simpson Hearings

The Senate Finance Committee devoted June 17 and 18 to hearings on H.R. 10, 86th Congress, Representatives of more than 70 organizations requested an opportunity to appear before the Committee. The A.M.A. was represented by Dr. George M. Fister, chairman of the Council on Legislative Activities and a member of the Board of Trustees, and Dr. Vincent W. Archer, state legislative keyman for Virginia. A copy of the testimony is attached to this issue.

The chief opponent of the measure to testify before the Senate Committee was Mr. David A. Lindsay, Assistant to the Secretary of the Treasury, who contended that a revenue loss estimated at \$365 million would be sustained the first year the bill was in effect. He also expressed the belief that selective tax relief is inappropriate when a general tax reduction cannot be granted and that the tax deferment rate of 10 per cent on annual income proposed in H.R. 10 is too high.

Members of the Committee asked Mr. Lindsay for comments on the following proposed amendments: A maximum annual retirement deposit of \$3,000 with a tax deduction on 50 per cent of the amount deposited (Cotton, R., N. H.); a maximum annual deposit of \$1,000 (Frear, D., Del.); postponement of the bill's effective date until January, 1961 (Smathers, D., Fla.). Mr. Lindsay favored the first two amendments because they would reduce the revenue loss but felt that the Smathers amendment was undesirable because the 1961 budgetary situation could not be predicted.

Representative Keogh argued against deferring the effective date of the bill on the ground that tax discrimination against the self-employed has existed for almost a decade. He also expressed doubt that the budgetary situation would ever be favorable.

Another proponent of the bill, Roger Murray, professor of banking and finance, Graduate School of Business, Columbia University, testified that the Treasury Department's estimated revenue loss of \$365 million was "totally unrealistic." He also contended that although a minority of pension plans have a contribution rate as high as 10 per cent, when this factor is added to other fringe benefits, the average employer's contribution is as high as 15 per cent. Professor Murray represented the American Thrift Assembly, an organization composed of over 20 national associations representing the self-employed. The A.M.A. is a charter member of this organization.

-Medical Legislative Digest, July 1959

Courtesy Rules for Boaters

While there are nearly 40 million boaters in the United States, they are facing keen competition for space in the water from swimmers, fishermen, skin divers, and other water enthusiasts.

According to an article in the July issue of Today's Health, a publication of the American Medical Association, more people than ever before will visit the water this summer in search of fun and relaxation.

Because of the competition for space in which to enjoy the water, it becomes the obligation of the boater to display courtesy and proper respect for others, the article said.

The boaters were told, "No matter if you're at the helm of a large yacht or cruiser, a kayak, sailboat, dinghy, or motorboat, you'll be judged on how you display your manners afloat. Don't be rude. Show good seamanship.

"Learn the fundamentals of how to handle your boat. Certainly no owner should have his craft in the water without knowing what to do in every situation that may lead to danger."

The article also offered other suggestions to the boating population. They include:

- —Don't overload the boat.
- -Passengers should stay inside the boat and not ride on the bow.

- -Don't stand up or change seats while the boat is underway.
- —Avoid sailing too close to swimmers, fishermen, and water skiers.
 - -Don't jump from a moving boat.
- -Pass through anchorages at minimum speed only.

In concluding, the article offered the boaters the following advice, "If you'll show the proper respect for others, you'll get the same treatment in return."

VA Grants Bigger Fees But Achieves New Goal

Veterans Administration started a new fiscal year July 1 quite satisfied with arrangements made with the states for compensation of doctors participating in the "home town care" program. Raises averaging 25 per cent have been allowed for surgical fees. Except for a few states which asked for no increase, the office visit fee will go from \$4 to \$5, with provision made for higher rates for certain specialized services.

In return, VA has won its point—over rugged opposition by A.M.A.—that doctors shall submit both their bills and clinical reports to regional offices of the Federal agency. Heretofore, the report went to the regional office but the bill was forwarded to the intermediary agency, in those states where the intermediary system was in use.—Washington Report.



Isolation of Newborn Infants With Thrush Unnecessary

Isolation of newborn infants with thrush, a mild fungal infection of the mouth and throat, is unnecessary, according to four New York researchers.

Most city health regulations require the removal of infected infants from the regular hospital nursery to an isolated area. This is expensive, complicated, and unnecessary, the researchers wrote in the July 4 issue of the Journal of the American Medical Association.

Soft white patches appear in the mouth and throat in thrush. They are caused by the fungus Candida albicans, which also causes other human infections, including a vaginal infection during pregnancy.

Thrush has commonly been believed to be an air borne infection; however, the fungus has not been isolated from nursery and hospital air or from soil and air in general. The most common source of infant infection is maternal vaginal infection, the authors said. Newborn infants may harbor Candida albicans in the mouth and intestine for five to six days before the disease becomes apparent and the patients are removed to the isolation nursery; thus

(Continued in Back Advertising Section, page 52)

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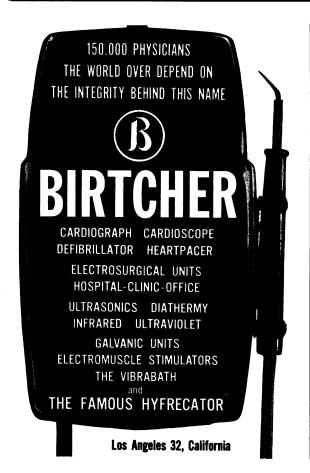
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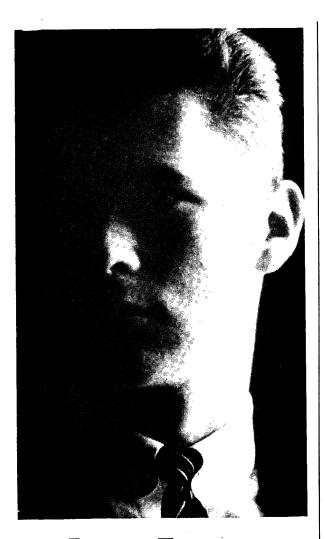
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California Law Passed Authorizing Coroners To Retain Tissue Necessary for the Determination of the Cause of Death

In May, 1959 the governor of California signed into law the following bill which corrected a small but serious defect in the law governing autopsy procedures and made the letter of the statutes conform to the intent. This law authorizes California coroners to retain tissues necessary for the determination of the cause of death.

Section 27491. It shall be the duty of the coroner to determine the cause of death of any person reported to the coroner as having been killed by violence, or who has suddenly died under such circumstances as to afford a reasonable ground to suspect that his death has been occasioned by the act of another by criminal means, or who has committed suicide, and of all deaths of which the provisions of the Health and Safety Code make it the duty of the coroner to sign certificates of death. In order to make such determination he may in his discretion take possession of and inspect the body of the decedent, which shall include the power to exhume such body, make or cause to be made a postmortem examination or autopsy thereon, and make or cause to be made an analysis of the stomach, blood, or contents, or organs, or tissues of the body, and secure professional opinions as to the result of such postmortem examination. He shall cause the information secured to be reduced to writing and forthwith filed by him in his records of the death of the individual. He may also in his discretion, if the circumstances warrant it, hold an inquest. He shall have the right to retain only such tissues of the body removed at the time of autopsy as may, in his opinion, be necessary or advisable to the investigation of the case, or for the verification of his findings.

The bill had the backing of the Los Angeles County Medical Association, the Los Angeles Bar Association, and the California Public Health League. It stemmed from the recent difficulty that beset Dr. Theodore J. Curphey, Los Angeles County Coroner. He was accused by the county grand jury of misconduct in office in nine specifications involving the alleged illegal taking and retention of tissues in autopsies performed in his office.

Dr. Curphey was represented by Mr. Joseph A. Ball, past president of the California Bar Association and Mr. Frederick O. Field, legal counsel for the Los Angeles County Medical Association. They successfully contended before the Supreme Court of California that under the county charter disciplinary action rested with the Board Advisors and the County Civil Service Commission and that the Superior Court did not have jurisdiction to hear the case. The court's decision was rendered on May 27, 1959.

-The Citation, June 21, 1959

Family Physician Helps Treat Adolescent Delinquency

Many parents and adolescents visiting physicians about physical ailments may really be seeking help in understanding the adolescents' behavior, according to two University of Wisconsin doctors.

Writing in the July 4 issue of the Journal of the American Medical Association, Seymour L. Halleck, M.D., and Marvin Hersko, Ph.D., stated the family physician is in an excellent position to help delinquent adolescents.

Requests for help may come from the adolescent delinquent even before he is in serious trouble.

"Many adolescents are concerned with their deviant behavior, become guilty about it, and look for someone to talk to. They hope to find a neutral but responsible adult who is not as emotionally involved in the situation as their parents and who is willing to try to understand."

The adolescent delinquent is characterized by angry feelings, impulsivity, self-centeredness, and many other physical and psychological symptoms. Much of the delinquent's behavior can be understood in terms of his immaturity, his disturbed relationship with his parents, and his unconscious conflicts about feelings of aggression and sexuality.

(Continued in Back Advertising Section, page 58)



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Volume 91

AUGUST 1959

Number 2

Management of Early Prostatic Carcinoma

ROGER W. BARNES, M.D., and DELMONT S. EMERY, M.D., Los Angeles

THE SUCCESSFUL CONTROL of malignant neoplasms depends to a large extent upon early diagnosis and treatment. This is true of prostatic carcinoma whether radical extirpation or more conservative treatment is indicated. The patient who has an early cancer of the prostate has no symptoms referable to the malignant change. Therefore, if he does see his physician, it is for a general examination, or for the relief of symptoms which are not due to prostatic carcinoma. An important part of the examination of every adult male is palpation of the prostate through the anterior rectal wall; only by so doing can more cases of prostatic cancer be discovered early in the course of the disease. When a hard nodule is palpated or when all or part of the gland is hard, malignant disease should be considered present until proved not to be.

Incidence of Prostatic Carcinoma

Cancer of the prostate is common in men over 40 years old. Franks³ did serial sections of the prostate at coroner's autopsies and found carcinoma in 29 per cent of men in the fifth decade. The incidence increases with age. Hirst and Bergman⁶ found carcinoma by section of the prostate in 80 per cent of men between 90 and 99 years old who came to autopsy.

A diagnosis of prostatic carcinoma is made by microscopic examination of the tissue in about 15

• It is important to make a diagnosis of prostatic carcinoma as early as possible, because early treatment gives the best results whether radical prostatectomy is done or endocrine therapy used. Open perineal biopsy is the most accurate method of making a diagnosis. Perineal needle biopsy or the newer approach of transrectal needle biopsy is probably about 75 per cent accurate in making a diagnosis.

Ten-year survival with conservative therapy, as determined in a review of a series of cases, was 50 per cent—about the same as that following radical prostatectomy; but the patients with prostatectomy are clinically free of malignant disease whereas the former are not. Radical prostatectomy is indicated in a few selected cases.

The results from endocrine therapy begun immediately after diagnosis are significantly better than those from delayed treatment. Orchiectomy and estrogens promise a little longer survival than estrogens alone.

per cent of patients operated upon for the relief of prostatism. Hudson did open perineal biopsy on 300 unselected men and found prostatic carcinoma in 12.9 per cent in the fifth decade. Comparing these data with those obtained by Franks in serial sections of the prostate (an incidence of 29 per cent in autopsy of men in the fifth decade), it is evident that about one-half of the cases of prostatic carcinoma are not diagnosed even by open perineal biopsy; more than half of those diagnosed by biopsy were detected by rectal palpation.

It is probable, therefore, that evidence of prostatic carcinoma by rectal palpation is found in only about one-fourth of men who actually have the dis-

From the Department of Surgery (Urology), School of Medicine, College of Medical Evangelists, Los Angeles 33.

Presented before the Section on Urology at the 88th Annual Session of the California Medical Association, San Francisco, February 22 to 25, 1959.

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Opposition to the Forand Bill

ALTHOUGH INDICATIONS are that the Forand Bill (HR 4700) will not be reported out of committee and acted upon by the Congress at the present session, this certainly cannot be taken to mean that opposition to the measure can be relaxed. It can mean only that testimony before the House Ways and Means Committee which is holding hearings on the bill has given the committee enough food for thought to make precipitous action unlikely, which gives the medical profession a little more time to show that the proposed legislation is unwise and that better solutions can be found to the problem of medical care for the aging.

Representative Forand, a Rhode Island Democrat, introduced the bill some months ago. As an amendment to the Social Security laws it would provide hospitalization or nursing home coverage plus surgical benefits, when needed by recipients of Social Security payments—mostly persons over 65 years of age.

Medical organizations and other interested groups, although recognizing that the problem of medical care for the aging is one that certainly they must help solve, decry a welfare state approach to the solution. The question to be answered is how our older citizens are to get hospital and medical services at a time in their lives when in general their need for such services is increased and their ability to pay for them is decreased.

Some legislators, imbued with the spirit of big government paid for out of taxes on ordinary citizens, propose that government expand its activities still further and provide the hospital and surgical care that our older citizens may need. On the other hand, most physicians and others who hope to preserve not only the best atmosphere for the effective practice of medicine but also each citizen's sovereignty over self, insist that the system of free com-

petitive enterprise be given a chance to meet the challenge of care for the aging before government can consider moving in.

In the current hearings by the Ways and Means Committee, medicine fortuitously had on its side the Department of Health, Education, and Welfare, whose opinions must carry weight with the committee. One of the first witnesses appearing before the committee was the Hon. Arthur S. Flemming, Secretary of the department and an outspoken proponent of the protection of the rights of the individual in our country.

Mr. Flemming was reported in the press as having opposed the passage of HR 4700 on the basis that the proposed bill would "freeze the pattern of health coverage of the aged into a vast and uniform governmental system" which would undermine the now burgeoning private system of health coverage. He also took issue with the arithmetic of Mr. Forand and his associates, pointing out that the cost of the Forand program would be some 50 per cent above the cost estimated by the authors.

On the day following Mr. Flemming's appearance, Doctor T. Eric Reynolds, president of the California Medical Association, testified before the same committee.

Doctor Reynolds cited the experience in California where earnest effort already is being made through voluntary plans to find a way by which most persons over age 65 can themselves pay for the medical care they need and where a sound county hospital system has, for many years, provided good medical and hospital care for all eligible citizens.

Doctor Reynolds also touched on some of the other factors affecting our older citizens. He spoke, as a physician, of the need of retaining in our older citizens a sense of the spirit of self-determination and independence which these people had achieved during the first 65 years of their lives. In this re-

California MEDICAL ASSOCIATION

C.M.A. President Testifies in Forand Bill Hearings

Following is the testimony of T. Eric Reynolds, M.D., President of the California Medical Association, before the Ways and Means Committee of the U.S. House of Representatives concerning H.R. 4700 (the Forand bill) July 14, 1959:

MY NAME is T. Eric Reynolds. Since 1926 I have practiced medicine at Oakland, California. Although I trained in surgery and am a member of the American College of Surgeons, I have maintained a general practice. I am the President of the California Medical Association. For several years I was President of California Physicians' Service, California's Blue Shield Plan. I recently served as chairman of a special committee of the California Medical Association on problems of the aged and I am appearing here on behalf of the California Medical Association.

Physicians in California have been mindful of the medical care needs of our aged population and of the fact that all of us may expect a longer life span than our forefathers. To a great degree the medical problems of the aged are rooted in the mores of our culture. Also, to a great extent, our medical problems after the age of 65 are determined by such things as (1) the care of the individual before that time, (2) his or her attention to infections, (3) mental cultivation and relaxation, (4) physical fitness and exercise, (5) smoking habits, (6) the use of alcohol, (7) weight control and, lastly, food habits. Perhaps vitamins and hormones, both natural and synthetic, play some part, and certainly part of it is pure caprice, such as the factor of injury or exposure and stress and strain beyond the control of the individual. Heredity is definitely a factor in the medical problems of older people. Indeed, barring accidents, the choice of ancestors often determines whether an individual will qualify to reach that category.

It is my opinion that the two most prevalent difficulties of old age are (1) boredom and (2) loneliness, and that much of the medical attention that old people seek is traceable to these two underlying conditions.

There is a lot more to this problem than the passing of a compulsory insurance law and the spending of public money to provide certain hospitalization benefits.

For persons who have spent 65 years developing a spirit of independence and self-reliance, we would advise, as physicians, that ways to present a continuing challenge to their minds and hearts should be developed. We believe that voluntary health insurance can well be one of the means by which people can continue to be self-reliant.

With respect to availability of health insurance for persons over 65, California has many existing group insurance plans under which retirees may continue health and welfare benefits. Our Blue Shield and Blue Cross plans have for years incorporated the continuance of membership after retirement as a right—rather than a privilege—and we have over 150,000 retirees currently enrolled.

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The daytime Film Symposiums which proved so popular during the 1959 sessions will be continued in 1960. Evening film programs will be planned for doctors, their wives, nurses and ancillary personnel.

Authors desiring to show films should send their applications to Paul D. Foster, M.D., California Medical Association, 2975 Wilshire Blvd., Los Angeles 5. All authors are urged to be present at the time of showing as there will be time allotted for discussion and questions from the audience after each film.

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Vegetable Oils Aid Young Acne Sufferers

Vegetable oils, commonly used in cooking and in salads, have come to the aid of diet-conscious teenagers, who suffer from acne, the so-called "pimples" of adolescence.

Dr. W. R. Hubler, Corpus Christi, Texas, said that corn oil, used as a dietary supplement, prevented weight loss and fatigue often associated with low fat diets, a frequent acne treatment.

Working with three different groups of acne patients, Dr. Hubler reported in the June issue of the Archives of Dermatology, published by the American Medical Association, that corn oil was especially well tolerated and "made unpleasant lowfat diets more palatable."

"Unsaturated fatty acids in the form of corn oil," he said, "helped maintain weight and vigor in the average patient with acne."

Dr. Hubler stated that in one group there was a remarkable improvement in the skin and general condition of five patients, "none of the patients became worse when corn oil was added to their diets" and in another group of 180 patients studied the acne condition "seemed to subside more rapidly than in patients treated prior to the use of corn oil." Out of the 180 patients, he had to resort to x-ray treatment in only five in order to produce clearing of their acne. Even patients who suffered

from acne in its worst form "improved with remarkable rapidity" with oral use of corn oil.

"All of my acne patients," Dr. Hubler stated, "now are allowed to use corn oil freely in their diets. Seventy-five patients have also used an unsaturated corn oil oleomargarine on their bread without apparent deleterious effects."

The Texas physician pointed out also that in his studies he found that ingestion of corn oil did not influence the normally low cholesterol levels of the teen-agers in any way.

Isolation of Newborn Infants With Thrush Unnecessary

(Continued from Front Advertising Section, page 34) unsuspected foci of infection are always present in a nursery.

A study of the prevalence and spread of thrush among more than 1,600 infants in the nursery at Maimonides Hospital, indicated that isolation had no effect on the prevalence or spread of the infection among infants.

They concluded that isolation does not diminish the incidence of the disease among infants and that the expense of isolation is unnecessary.

The authors are Philip J. Kozinn, M.D.; Harry Wiener, M.D.; Clare L. Taschdjian, B.S., and James J. Burchall, B.S., Brooklyn.

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Family Physician Helps Treat Adolescent Delinquency

(Continued from Front Advertising Section, page 46)

The family physician may sometimes help an adolescent delinquent overcome his difficulties by the "loan" of strength and a moral code.

Adolescents have the ability to develop close relationships with adults other than their parents. This phenomenon can be used by the physician to help the delinquent adolescent.

"These relationships, in a very impressive manner, are often accompanied by a rapid disappearance of delinquent behavior," the doctors said. "In these cases, the child discovers an 'ideal,' socially responsible figure who is also trustworthy and understanding.

"It seems almost as if the adolescent temporarily 'borrows' the strength and moral code of the adult and is better able to control himself. The physician is in a good position to become the adult friend or confidant of the adolescent."

The physician also plays other roles in the treatment of delinquency. In some cases, he must help explain to the parents why a child must be sent to a correctional institution or why the child needs psychiatric help.

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- SEVERAL TIMES a month the Committee on Advertising meets to consider material submitted for these pages.
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CLASSIFIED ADVERTISEMENTS

(Continued from Front Advertising Section, page 38)

LOCUM TENENS WORK WANTED

GENERAL PRACTITIONER, 37 years old, single. No Obstetrics. Desires to take over General Practice during vacation from August 20 through September, or early October. Box 94,995, California Medicine.

EQUIPMENT FOR SALE

FOR SALE—200 MA WESTINGHOUSE X-RAY, Rotating Anode, Motor driven table; Monoflex Unit purchased in 1952. Nearly new, hardly used. Purchase price \$9,000.00. Sell for \$3,000.00 FOB. Accessories free with purchase. Joseph J. Gertner, M.D., 748 Marsh Street, San Luis Obispo, California. Telephone: Liberty 3-0442.

FOR SALE—Picker Century Model X-ray unit 100 KV 100 MA, Motor Driven Table with full length Bucky-Compression device and a full set of cones. Equipment is in excellent condition. W. W. Hartman, 1723 West Seventh Street, Los Angeles 17, California. Telephone: HUbbard 3-6733.

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NOW LEASING—ONE-STORY, MODERN AIR-CONDITIONED MEDI-CAL SUITES, in expanding Southern California community; ample parking, 5 minutes from large open staff hospital. Write: S. J. Oftedal, M.D., 823 North Park Avenue, Pomona, California.

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FOR LEASE: San Mateo, near Burlingame, Medical Suite, 430 square feet, plus use of large common waiting room. Excellent location, good parking. Adjacent to very desirable residential area. Other suite occupied by well established general practitioner. Available August 10th. 618 North El Camino Real, San Mateo, California. Telephone: DIamond 3-6119.

PALO ALTO NEW MEDICAL DENTAL SUITES NOW READY. Alma Street and East Meadows Drive. Very attractive building on ground floor within extensive landscaped area. Ample off-street parking, and located in fast growing section away from congestion. Air conditioned. E. J. Nackord, Owner. P. O. Box 601, San Carlos. Descriptive brochure available. Telephone LY 1-0986.

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Home Swimming Pool Hazards

Potential danger is lurking in the American back yard. The culprit is some 125,000 home swimming pools.

The danger is further aggravated by almost one million small, plastic playpools which have been placed in the nation's yards for small fry.

These facts were reported in the June issue of *Today's Health*, a publication of the American Medical Association.

The article said that with tremendous numbers of children and adults swimming in their own or neighbor's back yards, more people than ever face the possibility of accident.

In the past 10 years the number of home swimming pools has increased from 2,500 to 125,000. A substantial increase is expected again this year.

In addition to drownings, physicians attribute many colds, ear-nose infections, skin troubles, and other diseases to home swimming where the basic principles of water sanitation are not observed.

To overcome many of the potential dangers, the article offers a number of suggestions. These include:

- —Situate the pool near the house for convenience and to permit a view of the youngster's activities.
- —Fence the pool or the whole area in which it is located; use a tamper-proof lock.
- —Install an alarm that is set off by any sudden water displacement, such as occurs when a person splashes into a pool.
- —Keep some sort of rescue device handy at all times. This may be a buoy or a pole.
 - -Make sure all pool users know how to swim.
- —Run buoy lines across the pool, or build a divider or barrier, to define shallow and deep sections.
- —Keep the pool clean. The swimming water should test as pure as tap water.
- —Use a filter. It should be backwashed and flushed out every week.
- —Add some form of chlorine to the water. Even with fresh water every day, diseases spread without chlorine.
- —Water in splash pools and the smaller portables should be changed daily.
- —See to it that some member of the family knows how to administer first aid, especially artificial respiration, and keep a first aid kit on hand near the pool.
- —Have the pool constructed by a builder who carries guaranteed equipment, and who knows local health, building, and plumbing ordinances.

In conclusion, the article said, "Now that a family swimming pool is becoming commonplace, it is time owners took precautions for their own safety and that of others. It is time, also, that guest users pay attention to whether or not the pool they mean to enjoy is properly equipped and supervised."

The article was written by Beatrice Schapper, an instructor at New York University, New York.

New Radioactive Test Shows Liver Damage

A new test using radioactive dye to measure the function of the liver was described in the July 4 issue of the Journal of the American Medical Association.

The test, which is much simpler than older tests, opens many new possibilities in the study of liver disease and damage, according to Drs. Robert A. Nordyke and William H. Blahd, University of California Medical Center, Los Angeles.

Among the conditions in which the test is used are cirrhosis, hepatitis, alcoholism, and common bile duct obstructions.

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The head was chosen as the site of measurement because it contains a rich and stable blood supply which is distant from the large and changing concentrations in the abdomen, the physicians said.

Older tests using rose bengal and other substances
(Continued on Page 82)

PHYSICIANS PLACEMENT SERVICE

The California Medical Association is now offering placement assistance through the Physicians Placement Service, 450 Sutter St., Room 2000, San Francisco 8. This service is solely for the use of physicians seeking locations, assistants, or associates.

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BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.

ADVANCES IN PSYCHIATRY—Recent Developments in Interpersonal Relations—Edited and with an Introduction by Mabel Blake Cohen, M.D. W. W. Norton & Company, Inc., 101 Poplar Street, Scranton 9, Pa., 1959. 314 pages, \$4.95.

ATLAS OF NORMAL RADIOGRAPHIC ANATOMY—Second Edition—Isadore Meschan, M.A., M.D., Professor and Director, Department of Radiology, Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina; Consultant, Walter Reed Army Medical Center, Washington, D. C.; Formerly Professor and Head of the Department of Radiology, University of Arkansas School of Medicine. With the assistance of R. M. F. Farrer-Meschan, M.B., B.S. (Melbourne, Australia), M.D., Research Associate, Department of Radiology, Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina. W. B. Saunders Company, Philadelphia, 1959, 759 pages, \$16.00.

CIBA FOUNDATION SYMPOSIUM ON CARCINOGEN-ESIS—Mechanisms of Action—Editors for the Ciba Foundation, G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch.; and Maeve O'Connor, B.A. Little, Brown and Company, Boston, Massachusetts, 1959. 336 pages, 48 illustrations, \$9.50.

CIBA FOUNDATION SYMPOSIUM ON THE REGULATION OF CELL METABOLISM—Editors for the Ciba Foundation, G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch.; and Cecilia M. O'Connor, B.Sc. Little Brown and Company, Boston, Massachusetts, 1959. 387 pages, 109 illustrations, \$9.50.

CLINICAL DERMATOLOGY—For Students and Practitioners—Harry M. Robinson, Jr., B.C., M.D., Professor of Dermatology and Head of the Division of Dermatology, University of Maryland School of Medicine; Chief Dermatologist, University Hospital; and Raymond C. V. Robinson, B.S., M.D., M.Sc. (Med.), Associate Professor of Dermatology, University of Maryland School of Medicine; Assistant Chief of the Dermatology Clinic, University Hospital. The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 242 pages, \$8.50.

HEALTH IN THE MEXICAN-AMERICAN CULTURE

—A Community Study—Margaret Clark. University of
California Press, Berkeley 4, Calif., 1959. 253 pages, \$5.00.

HERNIA—Sir Heneage Ogilvie, K.B.E., M.A., M.Ch., M.D., F.R.C.S., Consulting Surgeon, Guy's Hospital. Published by Edward Arnold (Publishers) Ltd., London, 1959. Distributed in the United States by the Williams & Wilkins Co., Baltimore 2, Maryland. 135 pages, \$6.50.

METALS AND ENGINEERING IN BONE AND JOINT SURGERY—Charles Orville Bechtol, M.D., Professor of Orthopedic Surgery and Chairman of Orthopedic Division, University of California, Los Angeles; Chairman of Subcommittee on Testing, Prosthetics Research Board, National Research Council; Albert Barnett Ferguson, Jr., M.D., Silver Professor of Orthopedic Surgery, and Chairman of Orthopedic Department, University of Pittsburgh; Children's and Presbyterian Hospital, Pittsburgh; and Patrick Gowans Laing, M.B., B.S., F.R.C.S., Assistant Professor of Orthopedic Surgery, University of Pittsburgh; Chief of Orthopedic Service, U. S. Veterans Hospital, Oakland, Pittsburgh, The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 186 pages, \$8.00.

MIND IF I SMOKE?—Harold Shryock, M.A., M.D. Pacific Press Publishing Association, Mountain View, Calif., 1959. 160 pages: paper binding, \$.50; cloth binding, \$2.50.

MOLOY'S EVALUATION OF THE PELVIS IN OBSTETRICS—Second Edition—Charles M. Steer, M.D., Med. Sc.D., F.A.C.S., F.A.C.O.G., Associate Professor of Clinical Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, and the Sloane Hospital for Women. W. B. Saunders Company, Philadelphia, 1959. 131 pages, \$4.00.

NURSING HOME MANAGEMENT—Ralph C. Williams, B.S., M.D., Director, Division of Hospital Services, Georgia Dept. of Public Health, Atlanta, Georgia; Edith McCulloch, R.N., Formerly Director of Nurses, Kennestone Hospital, Marietta, Georgia; Jack Stiller, Chief of Licensure, Division of Hospital Services, Georgia Dept. of Public Health, Atlanta, Georgia; Margaret Bull Armstrong, R.N., Director of Nursing Services, Thomas Memorial Hospital, South Charleston, West Virginia; and J. Fred Gunter, B.B.A., Assistant Administrator, Kennestone Hospital, Marietta, Georgia, F. W. Dodge Corporation, 119 West 40th Street, New York 18, New York, 1959, 230 pages, \$8.50.

PROGRESS IN HEMATOLOGY—Volume 2—Leandro M. Tocantins, M.D., with 19 Contributors. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N. Y., 1959. 290 pages, \$9.75.

PSYCHOTHERAPY AND SOCIETY—Psychotherapy for the Many and the Few—Wladimir G. Eliasberg, M.D., Ph.D., F.A.P.A. Philosophical Library, 15 East 40th Street, New York 16, N. Y., 1959. 223 pages, \$6.00.

SCHIZOPHRENIA—An Integrated Approach—Edited by Alfred Auerback, M.D., Assistant Clinical Professor of Psychiatry, University of California School of Medicine, San Francisco; Speaker, Assembly of District Branches, American Psychiatric Association. The Ronald Press Company, 15 East 26th Street, New York 10, New York, 1959. 224 pages, \$5.50.

SHAKESPEARE AND MEDICINE—R. R. Simpson, M.B., Ch.B., F.R.C.S., F.R.C.S.Ed. E. & S. Livingstone Ltd., Edinburgh and London, 1959. Distributed in the United States by The Williams and Wilkins Co., Baltimore 2, Maryland. 267 pages, \$6.00.

SURGERY OF THE FOOT—Henri L. DuVries, M.D., Clinical Instructor in Surgery, Chicago Medical School; Attending Surgeon, Columbus Hospital, Mother Cabrini Hospital, and Frank Cuneo Hospital; Chairman, Dept. of Surgery, Illinois College of Chiropody and Foot Surgery, Chicago. Foreword by Karl A. Meyer, M.D. Introduction by Edward L. Compere, M.D. The C. V. Mosby Company, St. Louis, 1959. 494 pages, \$12.50.

SYNOPSIS OF TREATMENT OF ANORECTAL DIS-EASES—Stuart T. Ross, M.D., F.A.C.S., F.I.C.S., Diplomate of the American Board of Proctology; Secretary of the American Board of Proctology. The C. V. Mosby Company, St. Louis, 1959. 240 pages, \$6.50.

TEXTBOOK OF PEDIATRICS—Seventh Edition—Edited by Waldo E. Nelson, M.D., D.Sc., Professor of Pediatrics, Temple University School of Medicine; Medical Director of Saint Christopher's Hospital for Children. With the Collaboration of 81 Contributors. W. B. Saunders Company, West Washington Square, Philadelphia 5, Pa., 1959. 1462 pages, \$16.50.

TIME DISTORTION IN HYPNOSIS—An Experimental and Clinical Investigation—Second Edition—Linn F. Cooper, M.D., Washington, D. C.; Formerly Professor of Medicine at Hsiang-Ya Medical College, Changsha, China, and Associate Professor of Clinical Medicine at Georgetown University Medical Center, Washington, D. C.; and Milton H. Erickson, M.A., M.D., Phoenix, Arizona; Formerly Associate Professor of Psychiatry at Wayne University College of Medicine, Detroit, and Director of Psychiatric Research and Training at Wayne County General Hospital and Infirmary, Eloise, Michigan. With a foreword by Harold Rosen, M.D. The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 206 pages, \$4.00.

WORLD CONGRESS OF GASTROENTEROLOGY AND FIFTY-NINTH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION — Proceedings of the Meeting held in Washington, D. C., May 25 through 31, 1958. In Two Volumes. The Williams & Wilkins Company, Baltimore, 1959, 1363 pages, \$20.00.

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License Almost 8,000 New Physicians During 1958

Almost 8,000 new physicians were licensed to practice medicine in the United States during 1958, it was reported recently by the American Medical Association's Council on Medical Education and Hospitals.

In its 57th annual report, which appears in the May 30 issue of the American Medical Association Journal, the council said that this marks the sixth consecutive year in which more than 7,000 new physicians were licensed.

Of the 7,809 new physicians, 6,155 were licensed through written examinations and 1,654 by endorsement of credentials.

During the period, there were approximately 3,700 physician deaths reported to the American Medical Association, which reduces the over-all gain in the physician population to 4,109.

In all, 15,240 licenses to practice medicine were issued in 1958. Written examinations accounted for 7,315 licenses and 7,925 were given through reciprocity and endorsement of credentials.

Of these, California issued the greatest number—2,205. New York was next with 1,584. Illinois, Ohio, Pennsylvania, and Texas each registered more than 500 doctors.

Nine states—Alaska, Delaware, Idaho, Montana, Nevada, North and South Dakota, Vermont, and Wyoming—issued less than 50 licenses during the year. Among the territories and possessions, Puerto Rico licensed 107, Hawaii 44, Canal Zone 6, Guam and the Virgin Islands two each.

The council said there was an increase of 104 in the total number of licenses issued in 1958 over the previous year.

During the year there were 8,633 applicants for licensure by written examination. Of these 7,268 passed and 1,365 failed.

Among those examined were 5,692 graduates of approved medical schools in the United States, 168 from Canada, one graduate of an approved medical school in the United States which is no longer in operation, 2,567 from foreign schools, 25 graduates of unapproved medical schools in the United States which are no longer in existence, and 180 graduates of schools of osteopathy.

Twelve approved medical schools in the United States had no failures among their graduates who were examined. These include Stanford University, Chicago Medical School, University of Chicago, Boston University, Wayne State University, University of Mississippi, University of Missouri, University of Nebraska, Albany Medical College, University of Oregon, University of Pittsburgh, and the University of Utah.

(Continued on Page 82)

New Radioactive Test Shows Liver Damage

(Continued from Page 69)

necessitated the withdrawal of blood from the veins for checking the color of the blood. The value of these tests is restricted to liver disease without jaundice because of difficulty in reading color changes and because of possible injury to an already damaged liver by large doses of dye.

The new test circumvents these problems. Since detection of changing concentrations of dye depends on levels of radioactivity rather than color, valid results are extended to all types of liver damage despite the presence of jaundice. In addition, the

minute quantities of both radioactivity and dye allow multiple tests to be done without harm.

License Almost 8,000 New Physicians During 1958

(Continued from Page 76)

The number of new licenses issued on the basis of geographical areas were: New England, 470; East North Central, 1,447; Middle Atlantic, 1,708; West North Central, 784; South Atlantic, 1,184; East South Central, 446; West South Central, 748; Mountain, 129; Pacific, 790, and territories and possessions, 103.

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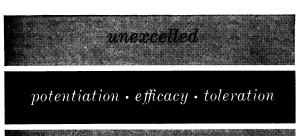
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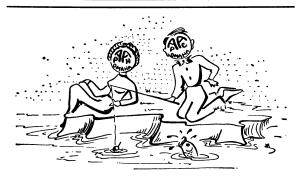
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